06737

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince George
City or town Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 8 months - 28 days
Stay in this community (yrs., or mos., or days) same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County D.C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2832 Brentwood Road N.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Elizabeth C. Bain
3. (b) Social Security Number none.

4. Sex Female
5. Color or race white
6. (a) Single, married, widowed, or divorced Divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 21 - 1903.

8. AGE: Years 36 Months 11 Days 27 If less than one day hrs. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation Dental assistant
11. Industry or business
FATHER 12. Name Albert L. Clarke
13. Birthplace Washington D.C.
MOTHER 14. Maiden name Kate Dalton
15. Birthplace Washington D.C.
16. Informant Deceased.
Address
17. Removal (Burial, cremation, or removal. Which?) Date thereof June 17, 1940 (month) (day) (year)
Cemetery or crematory
Location Washington, D.C.
16. Funeral director The S. H. Hines Co.
Address 2901 - 14th Street, N.W.
19. June 17 1940 (Date rec'd by registrar) Leo V. Kennedy M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 10 35/9 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 18 - 1939, to June 17 - 1940, and that I last saw her alive on June 17 - 1940.

Immediate cause of death Pulmonary Tuberculosis — DURATION 9 yrs.
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) — —
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Glenn Dale, Md. Date signed 6/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06672

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:
County: Prince Geo
City or town: Bellsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Geo
City or town: Bellsville Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: George Washington Beall.

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife: Rebecca Beall
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan-16-1849

8. AGE: Years 91 | Months 5 | Days 8 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: Engineering Dept Dist of Columbia
11. Industry or business:

FATHER
12. Name: John Beall
13. Birthplace: Md

MOTHER
14. Maiden name: Catherine Walker
15. Birthplace: Md

16. Informant: Miss Susie Beall
Address: Bellsville Md.

17. Burial (Burial, cremation, or removal) Which?) Date thereof: June 27th 1940 (month) (day) (year)
Cemetery or crematory: Bellsville Md
Location: St Johns Cemetery

18. Funeral director: Floyd Lassiter
Address: Laurel Md.

19. June-27-1940 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24 1940 at 11:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23 1940 to June 24 1940 and that I last saw him alive on June 24 1940

	DURATION
Immediate cause of death: Bronchial Pneumonia	3 days
Due to: Pulmonary Congestion	
Due to: Arteriosclerosis	3 Mos.
Due to: Cardio Vascular Disease	10 Yrs
Other conditions: Hypertension	25 Yrs

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J M Warren MD M. D. or other
Address: Laurel Md. Date signed: 6-26-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46D)

06673

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Pro Geo Co

City or town Berwyn Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 65 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. Geo.

City or town Berwyn, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR no

3. (a) FULL NAME Sarah Moore Behrens

3. (b) Social Security Number no

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife wm Fredrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5, 1870

8. AGE: Years 70 yrs (69) Months (7) Days (12) If less than one day hrs. min.

9. Birthplace New Zealand (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Pearson

13. Birthplace England

MOTHER 14. Maiden name Jane Paterson

15. Birthplace scotland

16. Informant Ada May Brown

Address Berwyn Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19, 1940 (month) (day) (year)

Cemetery or crematory St John's

Location Beltsville, Md.

18. Funeral director F. Gasch's Sons

Address Hyattsville, Md.

19. June 17th 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 17 1940, at 4.45 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 - 1 1940, to 6 - 17 1940, and that I last saw her alive on 6 - 17 1940.

Immediate cause of death Malignancy - of liver, lungs, rectum.

Due to Carcinoma of rectum

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of rectum

Of autopsy

DURATION

3 mos.

4 yrs. +

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas A. Christensen MD M. D. or other

Address College Park, Md Date signed 6-17-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

06674

Reg. Dist. No. 242

1. PLACE OF DEATH:
County Prince George
City or town Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution St. Mary's street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Hyattsville Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. St. Mary's street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR [illegible]

3. (a) FULL NAME JOSIAH ARCHIE BLACKBURN

3. (b) Social Security Number None.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma J. Blackburn
6(c) If alive, give age 74 years
7. Birth date of deceased (mo., day, yr.): Feb. 19, 1865
8. AGE: Years 75 | Months 3 | Days 29 | If less than one day ___ hrs. ___ min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Crossing watchman
11. Industry or business: B & O Railroad
FATHER
12. Name: Josiah Blackburn
13. Birthplace: Virginia
MOTHER
14. Maiden name: Rebecca Gordon
15. Birthplace: Virginia
16. Informant: Emma J. Blackburn
Address: Hyattsville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19, 1940 (month) (day) (year)
Cemetery or crematory: Ridge Church
Location: Henrico Co., Virginia
18. Funeral director: Francis Gasch's Sons
Address: Hyattsville, Md.
19. June 18 1940 (Date rec'd by registrar) Jos Sevy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1936, to June 16 1940, and that I last saw him alive on June 16 1940.

Immediate cause of death: Acute Coronary Occlusion — DURATION: 4 days
Due to
Due to
Other conditions: Hypertensive Heart Disease — 4 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? ___ (City or town) ___ (County) ___ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE [illegible] M. D. or other
Address Hyattsville, Md. Date signed 6-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

66675

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Geo. Co
City or town: Near Bowie
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Geo
City or town: Bowie
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Hilbrad
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Cornelia Payne Boyden

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6.(b) Name of husband or wife: John L. Boyden
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 12, 1858

8. AGE: Years	Months	Days	If less than one day
81		9	hrs. min.

9. Birthplace: Va (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Samuel S. Payne
13. Birthplace: Va

MOTHER
14. Maiden name: Elizabeth Crawford
15. Birthplace: Va

16. Informant: Margaret W. Boyden
Address: Bowie Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Holy Trinity
Location: Collington Md
16. Funeral director: Lloyd Kaney
Address: Laurel Md

19. 6/22 19 40 (Date rec'd by registrar) H.R. Ball Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 19 40 at 12 Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 19 34 to June 21 19 40 and that I last saw h[illegible] alive on June 21 19 40

Immediate cause of death	DURATION
Cerebral hemorrhage	3 days
Due to: Arteriosclerosis	20 yr.
Due to:	
Other conditions: Auricular fibrilation	10 yr.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Robert S. McEnery M.D.
M.D. or other
Address: Laurel Md Date signed: 6/22/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 2 1940
BUREAU V. S.

06676

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

Reg. Dist. No. 233

1. PLACE OF DEATH:

County Prince Georges

City or town Nottingham
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: In river 1 1/2 miles above Nottingham

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Mt Calvert Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Rudolph Brady

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mildred Vermillion

6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Aug 25, 1908

8. AGE: Years 31 | Months 9 | Days 14 | If less than one day ___ hrs. ___ min.

9. Birthplace Croome Md
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Building

FATHER
12. Name Samuel B. Brady
13. Birthplace Forestville Md

MOTHER
14. Maiden name Isla R Ole Vaughn
15. Birthplace Croome Md

16. Informant Samuel B Brady
Address Forestville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 11-40.
(month) (day) (year)

Cemetery or crematory Croom Episcopal

Location Croom, Md

18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md

19. June 10 1940 James B Naylor Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 12 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Asphyxia

Due to Drowning

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6-4-40

Where did injury occur? Nottingham (City or town) Pr Geo (County) Md (State)

Injured at home, farm, industry, public place (where?) Patuxent river

Means of injury Fall out of a boat Injured at work? no

23. SIGNATURE James F. Boyd M.D. or other

Address Mestville Md Date signed 6-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 19[illegible]
BUREAU V [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

06627

Reg. Diat. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Pro Geo. Co.
WITHIN CORPORATE LIMITS
City or town Hyattsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution:
20 Franklin st
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 29 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pro Geo.
City or town Hyattsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 20 Franklin st
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Henry Cottman Briscoe

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Georgia E. Briscoe
6(c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1911

8. AGE:

Years	Months	Days	If less than one day
29 yrs	4	13	hrs. min.

9. Birthplace Md
(Town, county, and state)
10. Usual occupation Policeman
11. Industry or business Pro Geo County.
FATHER 12. Name James M. Briscoe
13. Birthplace Md.
MOTHER 14. Maiden name Elizabeth M. Flennie
15. Birthplace Md.
16. Informant Georgia E. Briscoe
Address Hyattsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6, 1940 (month) (day) (year)
Cemetery or crematory Fort Lincoln
Location Washington DC
18. Funeral director E. Gleeds Sons
Address Hyattsville Md.
19. June 5 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 12 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h---alive on ---- 19---.

Immediate cause of death	DURATION
Gunshot wound through head.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide? Accident Date of 6-4-40
Where did injury occur? Chapel and Hyattsville Pike Pro Geo Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Queens Chapel and Pike
Means of injury Gunshot Injured at work? No

23. SIGNATURE James J. Boyd M. D. or other
Address Hyattsville Md Date signed 6-5-40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06678

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince Georges

City or town Upper Marlboro Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mary County Prince Geo

City or town Upper Marlboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Brown

3. (b) Social Security Number —

4. Sex F

5. Color or race Sol

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 15 1940

8. AGE: Years | Months | Days | If less than one day

still born hrs. min.

9. Birthplace Upper Marlboro Md

(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER

12. Name Wilson E. Mason

13. Birthplace Upper Marlboro Md

MOTHER

14. Maiden name Catherine M. Brown

15. Birthplace Baltimore Md

16. Informant Lassie Brown

Address Upper Marlboro

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15 1940 (month) (day) (year)

Cemetery or crematory Upper Marlboro Md

Location

18. Funeral director Henry Belt

Address Upper Marlboro Md

19. June 15 1940 (Date rec'd by registrar) Lorah Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 6:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Born dead

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Kenneth Lassiter M. D. or other

Address Upper Marlboro Date signed 6/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

06679

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince George

WITHIN CORPORATE LIMITS OF

City or town Laurel

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 817 Montg. Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County P.G.

City or town Laurel Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 817 Montgomery Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barnes Albert Brown.

3. (b) Social Security Number None

4. Sex M.

5. Color or race W.

6. (a) ~~Single, married, widowed,~~ or divorced Divorced

6 (b) Name of husband or wife Eva Conner

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25, 1886

8. AGE: Years 54 Months 3 Days 25 If less than one day hrs. min.

9. Birthplace Laurel Md (Town, county, and state)

10. Usual occupation Machinist

11. Industry or business U.S. Navy Yard

FATHER 12. Name James W. Brown

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Short.

15. Birthplace Maryland

16. Informant Mary Ella Haynes.

Address 817 Montg. Ave. Laurel, Md

17. Burial (Burial, ~~cremation, or removal. Which~~) Date thereof June 22, 1940 (month) (day) (year)

Cemetery or crematory Ivy Hill Cemty

Location Laurel, Md.

18. Funeral director [illegible]

Address Laurel, Md

19. June 22 1940 (Date rec'd by registrar) Cora E. Wachter Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1940, to June 19 1940, and that I last saw h — alive on June 19 1940.

Immediate cause of death [illegible]

Due to [illegible]

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy

DURATION ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Date signed 6/20/40

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06680

Reg. Dist. No. 245

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Prince Georges
City or town: Brentwood Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
3402 Baker St. Brentwood Md.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Brentwood
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 3402 Baker St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Mr. Reuben Brown

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Wh	married

6.(b) Name of husband or wife: Mary Mellinda Brown
6.(c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): Feb 28, 1866

8. AGE: Years: 74 | Months: 3 | Days: 25 | If less than one day: hrs. min.

9. Birthplace: Washington, D.C.
(Town, county, and state)
10. Usual occupation: Carriage trimmer
11. Industry or business: Retired

MOTHER FATHER
12. Name: Reuben Reynolds Brown
13. Birthplace: Md
MOTHER
14. Maiden name: Rosina Bohn
15. Birthplace: Unknown

16. Informant: Margaret Tyler
Address: 2411 Bunker Hill Rd. N.E. Wash. D.C.

17. Buried (Burial, cremation, or removal? Which?) Date thereof: 6-25-40 (month) (day) (year)
Cemetery or crematory: Glenwood
Location: Washington, D.C.
18. Funeral director: J. Gaschi & Sons
Address: Hyattsville, Md.

19. June 24 1940 (Date rec'd by registrar) Jos. Sevec Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1940, at 9:40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1940, to June 23 1940 and that I last saw him alive on June 23 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days
Due to: Hypertension	- years -
Due to:	
Other conditions: Coronary sclerosis	- years -

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Maurice D. Rosenberger M.D.
M. D. or other
Address: 3629-34th St. Mt. Rainier Md. Date signed: 6/24/40

RECEIVED
JUL 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164C)

CERTIFICATE OF DEATH

06681

Reg. Dist. No. 239

1. PLACE OF DEATH:

County: Prince George's

WITHIN CORPORATE LIMITS OF

City or town: Laurel

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 314 Laurel Ave.

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Prince George

City or town: Laurel Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 314 Laurel Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Roy T. Brown

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Mabel W. Brown

6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): May 8, 1896

8. AGE: Years: 44 Months: 6 Days: 28 If less than one day: hrs. min.

9. Birthplace: Texas (Town, county, and state)

10. Usual occupation: U. S. Soldier

11. Industry or business:

FATHER

12. Name: Unknown F. L. Brown

13. Birthplace: Unknown Texas

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown Texas

18. Informant: Mrs Mabel W. Brown

Address: 314 Laurel Ave., Laurel Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 14 1940 (month) (day) (year)

Cemetery or crematory: Dry Hill Laurel Md.

Location: Laurel Md

18. Funeral director: Ridgly Selby

Address: 401 Wash ave Laurel Md.

19. June 14 1940 (Date rec'd by registrar) M. Brashear Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1940, at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on Arrival 19 , and that I last saw h alive on 19

Immediate cause of death: Self Inflicted Pun shot wound

Due to: into head at region of right

Due to: temporal bone.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: June 12 1940

Where did injury occur? Laurel (City or town) Prince George (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: James L. Sancer M.V. M. D. or other

Address: Upper Marlboro, Md Date signed: June 12 1940

RECEIVED
JUN 22 1940
BUREAU V. S.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

06682

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince Georges
City or town: Hillside
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 103 Rollins Ave
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Herbert Buhler

3. (b) Social Security Number

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rebbecca R. Buhler
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept. 5, 1898
8. AGE: Years: 41 Months: 9 Days: 17 If less than one day ____ hrs. ____ min.
9. Birthplace: Wash. D.C. (Town, county, and state)
10. Usual occupation: machinist
11. Industry or business: Nayyard. D.C.
FATHER
12. Name: Chas. W. Buhler.
13. Birthplace: D.C.
MOTHER
14. Maiden name: unk.
15. Birthplace
16. Informant: Mrs. R.R. Buhler.
Address: 103 Rollins ave. Seat Pleasant Md
17. Wash. D.C. (Burial, cremation, or removal. Which?) Date thereof: 6-22-40 (month) (day) (year)
Cemetery or crematory: Church
Location: Forestville, Md.
18. Funeral director: W.W. Chambers.
Address: 517-11 St S.E. W. D.C
19. 6 22 1940 (Date rec'd by registrar) Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940, at ____ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1940, to June 22 1940 and that I last saw him alive on June 22 1940
Immediate cause of death: coronary heart
Due to: disease
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John N. Andrews M.D. M. D. or other
Address: 1252-6th S.W. D.C. Date signed: June 22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Ar-01689

RECEIVED
JUL 2 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66683

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 3 mos - 12 days.
Stay in this community (yrs., or mos., or days): Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County: D.C.
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2215 - Virginia ave. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Eva Bonner

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband ~~or wife~~: Wm Bonner
6(c) If alive, give age: Don't know years

7. Birth date of deceased (mo., day, yr.): June 22 - 1869

8. AGE: Years: 70 | Months: 11 | Days: 28 | If less than one day: hrs. min.

9. Birthplace: Va.
(Town, county, and atate)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Wm Dorsey
13. Birthplace: Va.

MOTHER
14. Maiden name: Mary Ann Frazier
15. Birthplace: Va.

16. Informant: Dicard.
Address

17. Removal to (Burial, cremation, or removal. Which?) Date thereof: 6/20/40 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: Allen M Moran, Inc.
Address: 1826 Va Ave. N.W.

19. June 20 19 40 (Date rec'd by registrar) Leo V Almeida M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/20 19 40 at 4:35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May - 8 19 40, to June 20 19 40, and that I last saw h~~er~~ alive on June 20 - 19 40.

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	15 Months
Due to:	
Due to:	
Other conditions: Syphilitic aneurism of Aorta (Include pregnancy within 3 months of death)	Unknown

Major findings:
Dt operations:
Dt autopsy: Pulm Tub. & Aneurism of aorta

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 6/20/40
Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

06684

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County WITHIN CORPORATE LIMITS OF

City or town Hyattsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 20 Marion Street,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Washington County

City or town D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1464 Spring Road, N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Louella Dawkins

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Robert B. Dawkins

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): unknown 1860

8. AGE: Years: 80 years | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Louisana
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: James C. Cargill
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Robert Dawkins
Address: 1464 Spring Road, N.W.

17. removal (Burial, cremation, or removal. Which?) Date thereof June 19th, 1940 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: Martin W. Hysong Co.
Address: 1306 N. Street, N.W. Wash. D.C.

19. June 19 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Legal Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1935, to June 19 1940, and that I last saw her alive on June 17 1940.

Immediate cause of death: Cardio Vascular Renal. Myocarditis — DURATION: 5 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Chas. W. Hyde M. D. or other
Address 1801 Eye N.W. D.C. Date signed 6-19-40

RECEIVED
JUL 5 1940
BUREAU V. S.

06685

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 236

1. PLACE OF DEATH:

County Prince Georges

City or town Mitchellville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Franklin Davis Nursery

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Mitchellville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Franklin Davis Nursery

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Henry Deal

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1940

8. AGE: Years | Months 4 | Days 23 | If less than one day hrs. min.

9. Birthplace Mitchellville Md (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name John Brookes

13. Birthplace Md

MOTHER 14. Maiden name Josephine Deal

15. Birthplace Md

16. Informant Josephine Deal

Address Mitchellville Md

17. Burial (Burial, cremation, or removal, Which) Date thereof June 7 1940 (month) (day) (year)

Cemetery or crematory Holy Family

Location Woodmore Md

18. Funeral director Clarence Foreacre

Address Mitchellville Md

19. June 7 1940 (Date rec'd by registrar) Effie B. Pumphrey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 8:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Terminal Bronchopneumonia

Due to Thrush

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 6-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13) CB 06686

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 4 yrs. 10 mos. 13 days

Stay in this community (yrs., or mos., or days): 4 yrs 10 mos. 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 237 2 St. N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Florence Dixon

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: Howland Dixon

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 11, 1908

8. AGE: Years: 32 Months: 3 Days: 16 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: William Nelson
13. Birthplace: Virginia

MOTHER
14. Maiden name: Nellie Lucas
15. Birthplace: Virginia

16. Informant: Deceased

Address: 237 - 2 St. N.W. Wash. D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 6/27/40 (month) (day) (year)

Cemetery or crematory:

Location: Washington D.C.

18. Funeral director: H.S. Washington

Address: 467 - N St. N.W. Washington, D.C.

19. June 27 1940 (Date rec'd by registrar) Leo V. McMeider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1940, at 4:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 14 1935, to June 27 1940, and that I last saw her alive on June 27 1940.

Immediate cause of death: Pulmonary Tuberculosis

DURATION: 5 yrs from history

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 6/27/40

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06687

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (191)

County Prince Georges Registration Dist. No. 243

Village or City Upper Marlboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Watkins N. Duckett If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Viola Duckett

6. DATE OF BIRTH (month, day, and year): July 27 1893

7. AGE: Years 46 47 | Months 10 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Duchetteville Prince Geo Co Md

FATHER

13. NAME: Mattie Trueman Duckett

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mattie Randall

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Christina Holland Bowie Md

18. BURIAL, CREMATION, OR REMOVAL Place: Pleasant Grove Date: June 16, 1940

19. UNDERTAKER (Address): Martin Fleming & Sons Bowie Md

20. FILED June 14, 1940 W. L. Trott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June (Month) 13 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dead on to Around, 19

I last saw h alive on, 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	unknown
Other Contributory Causes of importance:	
Sun Stroke	unknown

Name of operation: none Date of —

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury, 19

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: none

Nature of Injury: —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James E. Sasscer M. D.

(Address) Upper Marlboro, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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JUN 22 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Social Security
716-07-6778

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

06688

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George's

City or town: Riverdale Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 627 Adams Avenue, Riverdale

Stay in hospital or insf. (yrs., or mos., or days): none

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George's

City or town: Riverdale, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 627 Adams Avenue
(if rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laura Gaither

3. (b) Social Security Number

4. Sex: F.

5. Color or race: Wh

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: William L. Gaither deceased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 3, 1852

8. AGE: Years: 89 Months: 5 Days: 6 If less than one day ____ hrs. ____ min.

9. Birthplace: Prince George's, Maryland
(Town, county, and state)

10. Usual occupation: house wife

11. Industry or business

FATHER
12. Name: Benjaham Brashears
13. Birthplace: Maryland

MOTHER
14. Maiden name: Laura Brashears
15. Birthplace: Maryland

16. Informant: Benjaham Howard Gaither
Address: 627 Adams Ave, Rivadale

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 9 1940 (month) (day) (year)

Cemetery or crematory: Ivy Hill

Location: Laural, Maryland

18. Funeral director: W. W. Chambers
Address: 918 Cleveland Ave., Riverdale Md.

19. June 6 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6" 1940, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 6 1940, and that I last saw h w alive on June 6 1940.

Immediate cause of death: Apoplexy

Due to: Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Martin Hease M. D. or other

Address: Riverdale Md Date signed: 6/6/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06689

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Hillside

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 310 Crystal Spring Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 14 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince George

City or town Hillside Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 310 Crystal Spring Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Joseph G. Godbout

3. (b) Social Security Number

4. Sex M

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1888

8. AGE: Years 51 Months 11 Days 22 If less than one day hrs. min.

9. Birthplace Quebec Canada (Town, county, and state)

10. Usual occupation None

11. Industry or business Baker Retired

FATHER 12. Name Joseph Godbout

13. Birthplace Canada

MOTHER 14. Maiden name Claudia Sadon

15. Birthplace Canada

16. Informant Ermenia Godbout

Address Crystal Springs Ave

17. Removal (Burial, cremation, or removal. Which?) Date thereof 6-2-1940 (month) (day) (year)

Cemetery or crematory Arlington National Cemetery

Location Arlington, Va.

18. Funeral director Deal Funeral Home

Address 816 H. N.E.

19. 6-2- 1940 Irene A. Conner (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 2 1940, and that I last saw him alive on June 2 1940.

Immediate cause of death Cerebral Hemorrhage

DURATION 2 days

Due to Hypertension with hypertensive heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Brainin M. D. or other

Address Capitol Heights, Md. Date signed June 2, 1940

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JUL 5 1940
BUREAU V. S.

06690

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(13-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo — 18 days

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 1 mo — 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 611 — L — St. S. E.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Doris Elizabeth Goff

3. (b) Social Security Number: None

4. Sex: female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 9, 1938

8. AGE: Years: 1 Months: 10 Days: 26 If less than one day: hrs. min.

9. Birthplace: Washington D. C.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Charles Goff
13. Birthplace: Washington D. C.

MOTHER
14. Maiden name: Marie Gross
15. Birthplace: Washington D. C.

16. Informant: mother

Address: 611 — L — St. S. E.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: June 6, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: Eugene Ford

Address: 1300 South Capitol Street

19. June 6th 1940 Leo V. Schneider M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5 1940 at 5:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1940, to June 5 1940 and that I last saw her alive on June 5 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 mo
Due to Tubercle Bacillus	
Due to	
Other conditions Tuberculous meningitis	1 month

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results: Pulmonary Tuberculosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Leo V. Schneider M.D. Acting Supt. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed: 6/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-C

CERTIFICATE OF DEATH

06691

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Geo.

City or town Lanham

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County P. Geo. Co.

City or town Lanham Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mable Hackley

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	widow

6 (b) Name of husband or wife Charles Hackley

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 12 1888

8. AGE:

Years	Months	Days	If less than one day
51	10	5	____ hrs. ____ min.

9. Birthplace Brownsville Pa.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

FATHER

12. Name Frank Browns

13. Birthplace Christiana

MOTHER

14. Maiden name Bertha Freeman

15. Birthplace Christiana

16. Informant Geo. Hackley

Address Lanham Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 21 1940 (month) (day) (year)

Cemetery or crematory Glenarden

Location Prince George's Co.

18. Funeral director J. B. Johnson

Address Hyattsville

19. 6-17-1940 (Date rec'd by registrar) Mrs. John W. Howard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1940, at 10:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from dead 19 on arrival and that I last saw h alive on 19

Immediate cause of death	DURATION
Acute dilatation of heart	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. J. Hackley M. D. or other

Address 23 Balt. Blvd Date signed 6-18-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06692

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: ~~Prince Georges~~

City or town: Glenn Dale

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years 9 months 6 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 2 yrs. 9 mo. 6 d.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 315 - Oakdale St. N.W.

(If rural, give LOCATION)

2.(a) If veteran, name war: V

3.(a) FULL NAME Ellastine Hall

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	married

6.(b) Name of husband or wife: Samuel Hall

6.(c) If alive, give age: ~~Unknown~~ years

7. Birth date of deceased (mo., day, yr.): Dec. 28, 1907

8. AGE: Years: 32 Months: 5 Days: 9 If less than one day: hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business:

FATHER 12. Name: Clarence H. Blakey

13. Birthplace: Va.

MOTHER 14. Maiden name: Lillian Bennett

15. Birthplace: Washington, D.C.

16. Informant: Deceased

Address:

17. Removal to (Burial, cremation, or removal. Which?) Date thereof: June 7, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington D.C.

18. Funeral director: Theo. Matthews

Address: 617-4-St. S.W.

19. June 7th 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1940, at 12:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 31 1937 to June 7 1940

and that I last saw h... alive on June 6 1940

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	4 yrs 6 mo.
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.:

Autopsy results: Pulmonary Tuberculosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Leo V. Schneider M.D. (M. D. or other)

Address: Glenn Dale Sanatorium Date signed: 6/7/40

Glenn Dale, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 13 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-C)

06693

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince George

City or town Laurel Ward

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 319-2nd St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County P.G.

City or town Laurel Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 319-2nd St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eliza Gardner Halverson

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Clay J. Halverson

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 2, 1863

8. AGE: Years 77 | Months 4 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace: Howard Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER: 12. Name: Thos. LePage Crommiller

13. Birthplace: Maryland

MOTHER: 14. Maiden name: Josephine Gardner

15. Birthplace: Howard Co. Md.

16. Informant: Margaret Davies

Address: Laurel Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 25/40 (month) (day) (year)

Cemetery or crematory: Tory Hill

Location: Laurel Md.

18. Funeral director: Dewitt Smaldsord

Address: Laurel Md.

19. June 25 1940 (Date rec'd by registrar) Corce E. Wachter Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10, 1940, to June 23 1940, and that I last saw her alive on June 22 1940.

Immediate cause of death: Softening of the brain — DURATION: 2 yr.

Due to

Due to

Other conditions: Paralysis agitans. — 8 yr.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Robert S. McCrory M.D. M.D. or other

Address: 402 Main St. Laurel Md. Date signed 6/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66694

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 18 days

Stay in this community (yrs., or mos., or days): 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 325 - Allison St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: J. Keller Hammer

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

B (b) Name of husband or wife: Blanche Hammer

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Dec 5, 1871

8. AGE:

Years	Months	Days	If less than one day
68	6	10	hrs. min.

9. Birthplace: Penn (Town, county, and state)

10. Usual occupation: Bank Clerk.

11. Industry or business: Banking

FATHER 12. Name: John A. Hammer

FATHER 13. Birthplace: Penn

MOTHER 14. Maiden name: Catherine E. Snyder

MOTHER 15. Birthplace: Penn

16. Informant: Deceased

Address

17. Burial - (Burial, cremation, or removal. Which?) Date thereof June 18-1940 (month) (day) (year)

Cemetery or crematory: Ft. Lincoln

Location: Prince Georges Co. Md.

18. Funeral director: Martin L. Hysong Co.

Address: 1300 N. Y. Ave. N.W.

19. June 15 1940 (Date rec'd by registrar) Leo V. Kilmede M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15 1940, at 9:27 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1940, to June 15 1940, and that I last saw him alive on June 15 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Lea Pinnacle M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 24 1940
BUREAU V. S.

06695

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince George

City or town Rural near Glenn Dale Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs - 6 mos - 22 days

Stay in this community (yrs., or mos., or days) Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County D.C.

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6023 - So. Dakota ave N.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Andrew Hausborough

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Evelyn Hausborough.

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov - 4 - 1890

8. AGE: Years 47 | Months 7 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace Va.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Earley Hausborough
13. Birthplace Va.

MOTHER
14. Maiden name Verno Sweeney
15. Birthplace Va.

16. Informant Deceased

Address —

17. Removal
(Burial, cremation, or removal. Which?)

Date thereof 6 - 29 - 40
(month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director H. J. Tattarulf

Address 436 - 7 - st Sw. Wash. D.C.

19. June 29 1940 (Date rec'd by registrar) Leo V. Kennedy M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29 1940, at 49 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1217 1937, to 6/29 1940, and that I last saw him alive on 6/29 - 1940.

Immediate cause of death: Pulmonary Tuberculosis

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy Pulmonary Tuberculosis

DURATION: 4 yrs 2 mos

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other

Address Glenn Dale Sanatorium Glenn Dale, Md. Date signed 6/29/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 2 1940
BUREAU V. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (177)

CERTIFICATE OF DEATH

06606

Reg. Dist. No. 232

1. PLACE OF DEATH:

County: Prince Georges

City or town: Rural near Upper Marlboro Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Prince Georges

City or town: Rural, near Upper Marlboro Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Hardway

3. (b) Social Security Number

4. Sex: M

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 30, 1928

8. AGE: Years 11 Months 11 Days 24 If less than one day ____ hrs. ____ min.

9. Birthplace: Prince Georges Co Md (Town, county, and state)

10. Usual occupation: at school

11. Industry or business

FATHER 12. Name: John Hardway

13. Birthplace: unknown

MOTHER 14. Maiden name: unknown

15. Birthplace: "

16. Informant: Bernard Ijams

Address: Upper Marlboro Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 6/24-40 (month) (day) (year)

Cemetery or crematory: Prince Geo. Co. Alms House Cemetery

Location: Ritchie, Md.

18. Funeral director: Ritchie Brothers

Address: Upper Marlboro, Md.

19. June 24 1940 (Date rec'd by registrar) Geo Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940, at 6-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22, 9 A.M. 1940, to June 22 6-30 P M 1940, and that I last saw him alive on June 22 1940.

Immediate cause of death: Acute food poisoning

Due to: Child was seen eating from a garbage can. CWGR.

Due to: History of illness for several days; became unconscious twelve hours before death.

Other conditions: Convulsions Enteritis

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION: June 18 1940 6 hours

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Reundy Lassen M. D. or other

Address: Upper Marlboro Md Date signed

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

06697

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Pr Geo

City or town: Glenn Dale md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): /

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Pr Geo

City or town: Glenn Dale Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Effie May Harvey

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

B (b) Name of husband or wife: Joseph T Harvey

6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.):

8. AGE:

Years	Months	Days	If less than one day
60			hrs. min.

9. Birthplace: Erie Pa
(Town, county, and state)

10. Usual occupation: Housework at home

11. Industry or business:

FATHER
12. Name: Winfield Stancliff
13. Birthplace: Pa

MOTHER
14. Maiden name: Flora A Crandall
15. Birthplace: Pa

18. Informant: Joseph T Harvey
Address: Glenn Dale md

17. (Burial, cremation, or removal, which?) Burial Date thereof (month) June (day) 18 (year) 40

Cemetery or crematory: Walfred Cemetery

Location: Lanham Md

18. Funeral director: F Gaseki Sons

Address: Bladensburg md

19. (Date rec'd by registrar) June 16 1940 W. L. Trott Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at 6:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw her alive on May 1st 1940.

	DURATION
Immediate cause of death: Cancer	
Due to: Viewed body after death	
Due to: /	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James H Truitt MD
M. D. or other

Address: Glenn Dale Date signed: June 16 - 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-E) Reg. Dist. No. 245 06698

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Prince George
(b) City or town North Brentwood
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 316 - Oak St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Prince George
(c) City or town North Brentwood
(If outside city or town limits, write RURAL and give town)
(d) Street No. 316 - Oak St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Effie Herbert

3 (b) If veteran, name war —

3 (c) Social Security No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. **AGE:** Years: 66 Months: Days: If less than one day: hr. min.

9. Birthplace: Charles Co. Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Benjamin Tubbs
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Mabel Johnson
(b) Address: 316 - Oak St

17 (a) (Burial, cremation, or removal) (b) Date thereof: June 23, 1940 (month) (day) (year)
(c) Cemetery or crematory: Cherry Hill
Location

18 (a) Funeral director: W. Ernest Jarvis
(b) Address: 1432 - You St N W

19 (a) June 19 1940 (Date rec'd by registrar) (b) Jos Levy Registrar

MEDICAL CERTIFICATION

20. Date of death June 19th 1940, at 1035 a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11th 1940, to June 19th 1940, and that I last saw for him alive on June 15th 1940.

	Duration
Immediate cause of death Exhaustion and paralysis	10 days
Due to Cerebral Hemorrhage and Chronic Nephritis, Arterial Hypertension	10 day
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Carroll A. Brooks, M.D. M. D. or other

Address 1321 - 7th St. N.W. Wash. D.C. Date signed June 19, 1940

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

06699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13t)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince George
City or town Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 2 mos. 27 days
Stay in this community (yrs., or mos., or days) Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County D.C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 737 - Irving St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Helene Jackson

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) June (day unknown) 1931

8. AGE: Years 9 | Months — | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation None -
11. Industry or business —

FATHER
12. Name Alex Jackson -
13. Birthplace Louisa Va.

MOTHER
14. Maiden name Viola Coleman
15. Birthplace Spotsalvania Co. Va.

16. Informant Viola Jackson -
Address 937 - Irving St. N.W. Washington D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof June 25, 1940 (month) (day) (year)
Cemetery or crematory
Location Mineral, Va.
18. Funeral director F. J. Safley
Address Mineral, Va.

19. June 25 1940 (Date rec'd by registrar) Les V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 4:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 - 1940, to June 24 1940, and that I last saw her alive on June 24 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 months
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Glenn Dale, Md. Date signed 6/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06700

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Fairmount Hgts Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 720 Addison Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince George

City or town Fairmount Heights Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 720 Addison Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ellen S. Jones

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Clarence W. Jones

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 21, 1889

8. AGE: Years 51 Months 11 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Lynch Burg, Va (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own home

FATHER
12. Name Thomas Phillips
13. Birthplace Lynch Burg

MOTHER
14. Maiden name Matilda A. Adams
15. Birthplace Lynch Burg, Va.

16. Informant Clarence W. Jones

Address Fairmount Hgts, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11, 1940 (month) (day) (year)

Cemetery or crematory Harmony

Location Washington D.C.

18. Funeral director ~~John J. Stewart~~ Jno. Ruth Dabney 453 O St N.W. Wash. D.C.

Address ~~#30 H. St. N.E.~~

19. 6-9- 1940 (Date rec'd by registrar) Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 1940, to June 9 1940, and that I last saw her alive on June 9 1940.

Immediate cause of death: Broncho Pneumonia — DURATION: 3 days

Due to Influenza — 10 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harrison C. Beldon M. D. or other

Address Fairmount Hgts, Md Date signed 6-9-40

RECEIVED
JUL 5 1940
BUREAU V. S.

The following letters authorize change of name of funeral director:

John T. Stewart - Aug. 10, 1940
Irene Conner - Sept 5, 1940
Ruth Dabney - Sept. 25, 1940

Letters filed in Permanent File.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-D)

06701

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Prince George

City or town Cheltenham

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Cheltenham Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Caroline Jones

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Melvin Jones

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 25-1878.

8. AGE: Years 62 | Months 1 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual occupation: At home

11. Industry or business

FATHER

12. Name: Frank Bussell

13. Birthplace: England

MOTHER

14. Maiden name: Nancy Shumate

15. Birthplace: North Carolina

16. Informant: Ezra L. Price

Address: Cheltenham, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 14-40. (month) (day) (year)

Cemetery or crematory: Cheltenham M.E. Church

Location: Cheltenham, Md.

18. Funeral director: Ritchie Brothers

Address: Upper Marlboro, Md.

19. June 13 1940 F. H. Billingsley (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1939, to June 12 1940 and that I last saw her alive on June 12 1940

Immediate cause of death: Carcinoma of right antrum with metastases to skull — DURATION: 2 years

Due to

Due to

Other conditions: Secondary anemia — 1 year

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of right antrum

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE James G. Lassen M. D. or other

Address Upper Marlboro, Md. Date signed 6/13/40

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243 — 06702

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 10 mos. 26 das.
Stay in this community (yrs., or mos., or days): 10 mos. 26 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia County: Columbia
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2100 - 19th St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No. ✓

3. (a) FULL NAME: Andrew J. Keetow
3. (b) Social Security Number: 577-10-6873

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of ~~husband or~~ wife: Margaret McDermitt Keetow
6(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): April 23, 1912

8. AGE:

Years	Months	Days	If less than one day
28	1	9	____ hrs. ____ min.

9. Birthplace: Toomsuba, Miss. (Town, county, and state)
10. Usual occupation: Store Manager
11. Industry or business

FATHER
12. Name: Andrew J. Keetow
13. Birthplace: Toomsuba, Miss.

MOTHER
14. Maiden name: Elinor Welch
15. Birthplace: Toomsuba, Miss.

16. Informant: deceased
Address: above

17. Removal (Burial, cremation, or removal. Which?) Date thereof 6-2-40 (month) (day) (year)
Cemetery or crematory
Location: Washington D.C.
18. Funeral director: S. H. Hines Co.
Address: Washington, D.C.

19. June 2nd 1940 (Date rec'd by registrar) Les V. Schmeide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1940, at 6:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1939, to June 2 1940, and that I last saw him alive on June 2 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr. 8 mos.
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed
Glenn Dale, Md.

RECEIVED
JUN 7 1940
U.S.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (467)

CERTIFICATE OF DEATH

06793

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Pro Georges Co

City or town Hyattsville md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

21 Wina Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pro Geo Co

City or town Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 21 Wina Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Pearl H. Leakin

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Andrew J. Leakin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 25 - 1883

8. AGE: Years 57 | Months 10 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Herbert

13. Birthplace Washington - D.C.

MOTHER 14. Maiden name Annie Beakeley

15. Birthplace Washington - D.C.

16. Informant Hannah L. Brady

Address 21 Wina Ave Hyattsville Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof June 22, 1940 (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Washington D C

18. Funeral director F. Gascha Sons

Address Hyattsville Md

19. June 21 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1940, to June 20 1940, and that I last saw h alive on June 20 1940.

Immediate cause of death	DURATION
Cancinoma of Gall Bladder with Metastasis	3 mos
Due to Fever	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. A. Leitz M.D. M. D. or other

Address Hyattsville Md Date signed 6-21-40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

06704

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Brentwood Md

City or town 218 John St

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Brentwood Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Pro Geo Co

City or town Brentwood Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 218 John St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Noname Infant Lewis

3. (b) Social Security Number

4. Sex F

5. Color or race C

6. (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife

6(c) If alive, give age 1/2 hr.

7. Birth date of deceased (mo., day, yr.) 6-9-40 6-9-40

8. AGE: Years Months Days If less than one day

Female — — 1/2 hrs. — min.

9. Birthplace 218 John St. Brentwood (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Rudolph Lewis

13. Birthplace Washington D.C.

MOTHER 14. Maiden name Sarah Johnson

15. Birthplace S.C.

16. Informant Clara Lewis

Address 218 1/2 Johnst Brentwood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/10/40 (month) (day) (year)

Cemetery or crematory Methodist Cemetery

Location Bladensburg Md

18. Funeral director L. Gasch's Sons

Address Hyattsville Md

19. June 16 1940 (Date rec'd by registrar) F. Mrs Norgle LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Infant Lewis 6-9-40-2:10 19 , at AM.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-9 1940, to 6-9 1940, and that I last saw him alive on 6-9 1940.

Immediate cause of death Undeveloped development.

Due to 6 month child

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. W. Spiller M. D. or other

Address Brentwood Md Date signed 6-9-40

VS A15 (T) (I) (C) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06705

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 6 mos

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: DC County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 625 - C ST. S.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Leonard Robert Matthews

3. (b) Social Security Number: 578-14-0032

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	colored	married

8 (b) Name of husband or wife: Lonnie Packard

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 1st 1915

8. AGE:

Years	Months	Days	If less than one day
24	8	7	hrs. min.

9. Birthplace: Washington (Town, county, and state) DC.

10. Usual occupation: Porter

11. Industry or business: in theatre

FATHER 12. Name: Jas D. Matthews

13. Birthplace: Wash DC

MOTHER 14. Maiden name: Victoria Fenwick

15. Birthplace: Wash D C

16. Informant: Deceased

Address: 625 - C ST. S.E. Wash D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 25, 1940 (month) (day) (year)

Cemetery or crematory: Mt Olivet

Location: Washington, D. C.

18. Funeral director: Alexander S. Pope,

Address: 315 - 15th St., S.E. Washington D C.

19. June 23 1940 (Date rec'd by registrar) Leo V. McBride M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22nd 1940, at 3:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 13th 1940, to June 22 1940, and that I last saw h alive on June 22 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed 6/27/40

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06706

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale MD

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 7 mos.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 310 - V. ST N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Robert McE Daniel

3. (b) Social Security Number: 579-03-4230

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Inez Young McE Daniel

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 25th 1906

8. AGE:

Years	Months	Days	If less than one day
33	6	0	hrs. min.

9. Birthplace: Harnisonville, N.C. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: No information given or could be obtained.
13. Birthplace:

MOTHER
14. Maiden name: No information given or could be obtained.
15. Birthplace:

18. Informant: Deceased

Address: 310 - V ST. N. W. Washington DC

17. Removal (Burial, cremation, or removal. Which?) Date thereof June 25, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: Johnson + Jenkins

Address: 2305 Georgia Ave. N.W.

19 June 25 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25th 1940 at 9:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 28th 1939, to June 25th 1940, and that I last saw h alive on June 25th 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane MD M. D. or other

Address: Glenn Dale Sanatorium Date signed 6/25/40

Glenn Dale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

06707

CERTIFICATE OF DEATH

Reg. Dist. No. 2140

1. PLACE OF DEATH:

County Prince Georges

City or town Brandywine
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Nottingham Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Middleton

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1920

8. AGE: Years 19 | Months 9 | Days 19 | If less than one day hrs. min.

9. Birthplace Nottingham Md.
(Town, county, and state)

10. Usual occupation farming

11. Industry or business None

FATHER
12. Name George Middleton
13. Birthplace Maryland

MOTHER
14. Maiden name Anita Brown
15. Birthplace Maryland.

16. Informant Anita Brown

Address Westwood Maryland.

17. Burial, (Burial, cremation, or removal. Which?) Date thereof June 13/1940 (month) (day) (year)

Cemetery or crematory Brophsis Church Cem

Location Nottingham dis. Prince George Co. Md.

18. Funeral director A. J. Grimes

Address Aquasco Md.

19. June 12, 1940 (Date rec'd by registrar) F. H. Billingsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Hemorrhage and shock

Due to Crushed chest puncture wound of lung and liver.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6-9-40

Where did injury occur? Brandywine (City or town) Pr. Geo. (County) Md (State)

Injured at home, farm, industry, public place (where?) State Road

Means of injury Truck turned over Injured at work? no

23. SIGNATURE James J. Boyd M. D. or other

Address Forestville Md Date signed 6-9-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06708

131-a

1. PLACE OF DEATH

County Prince George Registration Dist. No. 235

Village or City Parks Lane No. Parkland St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. Minton If U. S. Veteran, specify WAR

(a) Residence: No. 1 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 29, 1863

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	76	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Mark Minton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Lewis

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) Mrs Marion L. Duslin Parkland, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Forestville, Md. Date 6/20, 1940

19. UNDERTAKER (Address) Harry M. Padgett 131-11 U St S E Wash DC

20. FILED 6/19/40, 19 Thos. D. Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1936, to June 19, 1940

I last saw her alive on June 19, 1940, death is said to have occurred on the date stated above, at 7 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with acute failure	Unknown June 1 1940
Chronic Interstitial nephritis	Unknown

Other Contributory Causes of Importance:

General Arteriosclerosis	Unknown

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul C. Vonstatten M. D.

(Address) Bennings D. C. R#1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

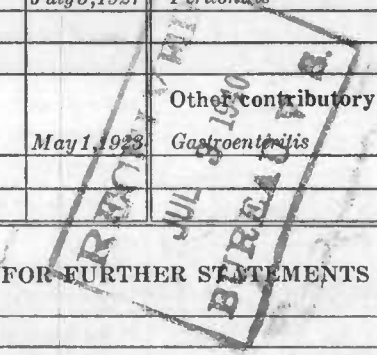
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-F)

CERTIFICATE OF DEATH

06709

Reg. Diat. No. 242

1. PLACE OF DEATH:

County Prince Georges

City or town Seat Pleasant Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges Co.,

City or town Seat Pleasant

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6301 Main St.,

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William Preston Moreland

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Minnie E. Moreland

6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) 1/9/1863

8. AGE: Years	Months	Days	If less than one day
87	4	28	hrs. min.

9. Birthplace Vienna, Fairfax Co., Va.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Prestley W. Moreland

13. Birthplace Maryland

MOTHER 14. Maiden name Sarah Robey

15. Birthplace Maryland

16. Informant Mrs. Rebecca L. Moreland

Address 6301 Main St., Seat Pleasant, Md.

17. (Burial, cremation, or removal. Which?) Date thereof 6-7-40 (month) (day) (year)

Cemetery or crematory Flint Hill Va.

Location Vienna Va.

18. Funeral director Money & King

Address Vienna Va

19. 6-7-40 (Date rec'd by registrar) Lena A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 1.40 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 7 1940 and that I last saw him alive on June 7 1940

Immediate cause of death	DURATION
Chronic parenchymatous nephritis	unknown
Due to unknown	
Due to	
Other conditions arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Brady M. D. M. D. or other

Address Seat Pleasant Md. Date signed June 7/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

(94a)

06710

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH:
County Prince Georges
City or town Colmar Manor
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 108 Gregory St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Colmar Manor Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 108 Gregory St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carl George Casper Nagel

3. (b) Social Security Number

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Elida P. Nagel
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Nov. 29, 1884

8. AGE: Years 55 | Months 6 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace: Pittsburgh, Pa.
(Town, county, and state)
10. Usual occupation: Clerk
11. Industry or business: Panama Canal Comm. U.S. Gov.
FATHER
12. Name: Jacob Nagel
13. Birthplace: Germany
MOTHER
14. Maiden name: Anna Hick
15. Birthplace: Pittsburgh, Pa.
16. Informant: John M. Nagel
Address: Colmar Manor, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 27, 1940 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cemetery
Location: Prince Geo. County, Md.
18. Funeral director: W. W. Chambers Co.
Address: Riverdale Md.
19 June 24 1940 (Date rec'd by registrar) Harry Kelley M.A. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23 1940, at 11:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 19 to 19, and that I last saw h alive on 19
Immediate cause of death: Coronary Occlusion
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE George J. Hageage M.D. M. D. or other
Address 23 Balto Blvd Date signed 6-24-40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

06711

Reg. Dist. No. 234

1. PLACE OF DEATH:
County Prince Georges
City or town Accokeek
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 yars

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Accokeek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Audrey Raymond Newman

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1934

8. AGE: Years	Months	Days	If less than one day
6	0	29	hrs. min.

9. Birthplace Accokeek (Town, county, and state)
10. Usual occupation Student
11. Industry or business
FATHER 12. Name James Newman
13. Birthplace Maryland
MOTHER 14. Maiden name Lucille Raymond
15. Birthplace maryland
16. Informant James Newman
Address Accokeek
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8 40 (month) (day) (year)
Cemetery or crematory Pomonkey M. E.
Location " Md
18. Funeral director Hurtt & Ryon
Address Waldorf Md
19. June 8 1940 (Date rec'd by registrar) Mrs Alton Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 11:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Burned to death — DURATION
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 6-7-40
Where did injury occur? Accokeek Pr. Geo Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) home
Means of injury House caught on fire Injured at work? No

23. SIGNATURE James D. Ford M. D. or other
Address Fredrick Md Date signed 6-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 11 1940
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73d)

CERTIFICATE OF DEATH

06712

Reg. Dist. No. 239

1. PLACE OF DEATH:
County: Prince Geo Co
City or town: Near Laurel
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 Yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Geo Co.
City or town: Near Laurel
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Addison B. Parks.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 12, 1853

8. AGE: Years: 87 | Months: 7 | Days: 26 | If less than one day: ..... hrs. ..... min.

9. Birthplace: New York
(Town, county, and state)

10. Usual occupation: Engineer

11. Industry or business

FATHER
12. Name: Derastus Parks.
13. Birthplace: Vermont

MOTHER
14. Maiden name: Sarah H. Barker.
15. Birthplace: Vermont

18. Informant: Addie L. Parks.
Address: Laurel Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June (month) 9 (day) 1940 (year)
Cemetery or crematory: Union Cemetery
Location: Burtonsville Md.

18. Funeral director: Lloyd Kaiser
Address: Laurel Md.

19. June 9 1940 (Date rec'd by registrar) Cora E. Walter Deputy. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1940, at 1:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1937, to June 8 1940
and that I last saw h... alive on June 7 1940

Immediate cause of death: Hypertension
Cardio Vascular Disease

DURATION
1937

Due to:

Due to:

Other conditions: Acute Bronchitis

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. M. Warren M.D.
M. D. or other
Address: Laurel, Md. Date signed 6-9-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 3 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

06713

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County Prince Georges

City or town Accokeek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Accokeek Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cora Thomas ~~Melvin~~ (Newman) Raymond

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 5, 1940

8. AGE: Years | Months 6 | Days 2 | If less than one day hrs. min.

9. Birthplace Bryans Rd. ~~Accokeek~~ Chas. Co.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name James Newman

13. Birthplace Maryland

MOTHER 14. Maiden name Lucille Raymond

15. Birthplace Maryland

16. Informant James Newman

Address Accokeek Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8-40 (month) (day) (year)

Cemetery or crematory Pourouky M E

Location Pourouky Md

18. Funeral director Hunt & Ryan

Address Waldoy Md

19. June 8 1940 (Date rec'd by registrar) Mrs. Alton Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death: Burned to death

Due to House caught on fire

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 6-7-40

Where did injury occur? Accokeek Pr. Geo Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury House caught on fire Injured at work? no

23. SIGNATURE James J. Boyd M. D. or other

Address Forestville Md Date signed 6-8-40

Authorization to make corrections letter from Mollie Clark, mid and birth cert. filed Jan. 5, 1940 in Chas. Co. 8/28/40 B.

RECEIVED
JUL 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF (50)

CERTIFICATE OF DEATH

06714

Reg. Dist. No. 246

1. PLACE OF DEATH:
County Prince Georges
City or town Colmar Manor
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 409 Daniels St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Colmar Manor Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 409 Daniels St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Anna Marie Posch

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband or wife Herman C. Posch
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1858

8. AGE:

Years	Months	Days	If less than one day
81	7	12	____ hrs. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation none
11. Industry or business

FATHER
12. Name ? Rothfeld
13. Birthplace germany

MOTHER
14. Maiden name unknown
15. Birthplace unknown

19. Informant Hans E. Posch
Address 2502½ Kensington Ave. Richmond Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26, 1940 (month) (day) (year)
Cemetery or crematory Fort Lincoln
Location Bladensburg Rd. Colmar Manor Md
19. Funeral director W. W. Chambers Co.
Address 918 Cleveland Ave - Riverdale Md.

19. 6/25 19 40 Harry Walby
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1939, to June 24 1940, and that I last saw h-- alive on June 22 1940.

Immediate cause of death	DURATION
Carcinoma of Breast	7 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hyattsville, Md. Date signed 6-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06715

Reg. Dist. No. 237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Aquasco

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Aquasco Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Berdina Savoy

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Ernest Savoy

6(c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) Aug 1920

8. AGE:

Years	Months	Days	If less than one day
19	10		hrs. min.

9. Birthplace Aquasco Md

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name Walt Hawkins

13. Birthplace Maryland

MOTHER

14. Maiden name Mary Brown

15. Birthplace Maryland

16. Informant Joseph H. Brown

Address Aquasco Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24 1940 (month) (day) (year)

Cemetery or ~~crematory~~ John Wesley Church Cem

Location Aquasco Maryland

18. Funeral director A. J. Gross

Address Aquasco Maryland

19. June 24 1940 (Date rec'd by registrar) Henry B. Gantt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h--- alive on ---- 19---.

	DURATION
Immediate cause of death Toxemia	
Exhaustion	
Due to Pulmonary tuberculosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H. Boyd (M. D. or other)

Address Forestville Md Date signed 6-23-40

RECEIVED
JUL 18 1910
BUREAU P. O.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

06716

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 7 mos
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 326-K-ST. SW.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: — no

3. (a) FULL NAME: George Schrivner

3. (b) Social Security Number: not given

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: widower.
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): July 24, 1883

8. AGE: Years: 56 Months: 11 Days: 4 If less than one day: hrs. min.

9. Birthplace: Charleston S.C.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER
12. Name: Geo Schrivner
13. Birthplace: Charleston S.C.
MOTHER
14. Maiden name: Mary —
15. Birthplace: Charleston S.C.
16. Informant: Deceased
Address: 326-K ST. SW. Wash D.C.
17. Removal (Burial, cremation, or removal. Which?) Date thereof: 6-29-40 (month) (day) (year)
Cemetery or crematory:
Location: Washington D.C.
18. Funeral director: John T. Phipps & Co.
Address: 901-3rd St. S.W.
19. June 29 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28th 1940, at 11 A 05 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27th 1940, to June 28th 1940, and that I last saw him alive on June 28th 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 5 yrs
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Pul Tbc

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed: 6/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-A)

06717

CERTIFICATE OF DEATH

Reg. Dist. No. 246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince George

City or town: College City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: #20 Barney St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 28 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: College City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 20 Barney

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary M. Simmel

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife: Vincent A. Simmel

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): Sept. 1890

8. AGE: Years	Months	Days	If less than one day
49	9		hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Patrick J. Downey

13. Birthplace: Washington D.C.

MOTHER — 14. Maiden name: Hanorah Mangan

15. Birthplace: Washington, D.C.

16. Informant: Vincent A. Simmel

Address: 20 - Barney st. College City Md.

17. (Burial, cremation, or removal. Which?): Burial Date thereof: 6 9 1940 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cemetery

Location: Bladensburg Rd. Washington, D.C.

18. Funeral director: Wm. J. Malley

Address: 3200 - R. I. Ave. Mt. Rainier, Md.

19. 6/8/40 (Date rec'd by registrar) 19 ____ Wm. J. Malley M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1940 at 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 19 1937 to June 7 1940

and that I last saw h er alive on June 7 1940

Immediate cause of death	DURATION
Carcinoma of Cervix Rectum & Colon.	3 yrs
Due to Carcinoma	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of Cervix

Of autopsy: —

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R. J. Coulon M.D. M. D. or other

Address: 1150 Conn ave Wash D.C. Date signed: 6/7/40

RECEIVED
JUN 18 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-E)

CERTIFICATE OF DEATH

06718

Reg. Dist. No. 238

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Prince Georges
City or town Clinton Mfd
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Clinton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Burr Franklin Snoots

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Clara Snoots
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 - 1863

8. AGE:

Years	Months	Days	If less than one day
76	7	14	hrs. min.

9. Birthplace Loudoun Co. Va (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name Samuel Snoots
13. Birthplace Loudoun Co, Va
MOTHER 14. Maiden name Annie Williams
15. Birthplace Loudoun Co, Va
18. Informant Violet Mock
Address 2004 Branch Ave, S.E. D.C
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 - 40 (month) (day) (year)
Cemetery or crematory Cedar Hill
Location Suitland Maryland
18. Funeral director Thomas F Murray
Address 2007 - Nichols ave S.E.
19. 6/10 40 Harvey E Lyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1938, to June 9 1940 and that I last saw him alive on June 8 1940

Immediate cause of death	DURATION
Cerebral Embolism	3 days
Due to Mitral regurgitation & Auricular Fibrillation	24 yrs. 24 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John E. Bowers, M.D. M. D. or other
Address Brandywine Md Date signed June 9/40

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

06719

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Pr. George County

City or town: Floral Park, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Flora Park, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mae Gilford Sorensen

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Dr. A. C. Sorensen

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1872

8. AGE:

Years	Months	Days	If less than one day
67			hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: William Gilford

13. Birthplace: Conn. Ohio

MOTHER — 14. Maiden name: Mrs. Charlotte Kirby

15. Birthplace: England

16. Informant: Mrs. Charlotte Pitts

Address: Flora Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 - 40 (month) (day) (year)

Cemetery or crematory: Arlington Natl. Cemetery

Location: Arlington, Va.

18. Funeral director: Thomas F. Murray

Address: 2007 - Nichols Ave. S.E.

19. 6/10 (Date rec'd by registrar) 1940 Harvey E. Eyler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9th 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9 1940, to June 9 1940 and that I last saw her alive on June 9 1940

Immediate cause of death	DURATION
Uremia	
Due to Chronic Nephritis	1937
Due to Diabetes Mellitus	1935
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John E. Powers M.D.

M. D. or other

Address: Brandywine, Md. Date signed: June 9/40

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243 — 06720

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mo. 16 Das.
Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium
How long in hospital or Institution? 6 mos. 16 Das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia County: Columbia
City or town: Mt. Pleasant
(If outside city or town limits, write RURAL and give nearest town)
Street No. 317 - Eye St., S.W.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME: James Edward Stewart

3.(b) Social Security Number: 579-09-8194

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Fay Cook Stewart
6.(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): Oct. 5, 1912

8. AGE:

Years	Months	Days	If less than one day
27	8	7	____ hrs. ____ min.

9. Birthplace: Mt. Pleasant D.C.
(Town, county, and state)
10. Usual occupation: Truck Driver
11. Industry or business:
FATHER — 12. Name: Joseph Stewart
13. Birthplace: Mt. Pleasant, D.C.
MOTHER — 14. Maiden name: Addie Logan
15. Birthplace: Mt. Pleasant, D.C.
16. Informant: Decased
Address: above
17. removal (Burial, cremation, or removal. Which?) Date thereof June 13 1940 (month) (day) (year)
Cemetery or crematory:
Location: Washington D.C.
18. Funeral director: Robt. Campbell
Address: 4234 St. S.W.
19. June 13 1940 (Date rec'd by registrar) Leo V. Klmeider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1940, at 4:50 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27 1939 to June 12 1940 and that I last saw h.im alive on June 12 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: about 1 yr.
Due to:
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings of operations: None — Date of op.:
Autopsy results: Pulmonary Tuberculosis
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Leo V. Klmeider M.D.
Acting Supt. M.D. or other
Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed: 6/12/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 15 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

06721

CERTIFICATE OF DEATH

Reg. Dist. No. 234

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Prince George

City or town Friendly, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Friendly Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah. E. Taylor

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William F. Taylor

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29th, 1871

8. AGE: Years	Months	Days	If less than one day
69	6	9	25 hrs. min.

9. Birthplace Prince George County, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William Thorne

13. Birthplace Md.

MOTHER 14. Maiden name Agnes Watson

15. Birthplace Scotland

19. Informant Mrs. Irma Wockley

Address Friendly, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26 - 1940 (month) (day) (year)

Cemetery or crematory Providence M.E. Church

Location Friendly, Prince Geo. Co.

18. Funeral director Thomas F. Murray

Address 2007 - Nichols ave S.E. Wash. D.C.

19. June 25 1940 (Date rec'd by registrar) Mrs. Alton Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1939, to June 24 1940, and that I last saw h M alive on June 23 1940

Immediate cause of death	DURATION
Auricular Fibrulation	
Due to Chronic Myocarditis	duration unknown
Due to Arteriosclerosis	" "
Other conditions Hypostatic Pneumonia; Bronchial.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. W. Schwartze M.D. M. D. or other

Address 1225 Talbot St., S.E. Date signed 6/24/40

RECEIVED
JUL 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

06722

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince Georg

City or town: Mt Rainer (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3929 - 29th St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: County:

City or town: Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: May Loraine Ferrett

3. (b) Social Security Number: None.

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William L Ferrett Sr

6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): May 29th 1867

8. AGE: Years: 73 | Months: | Days: 11 | If less than one day: hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business:

FATHER
12. Name: Anthony Dorman
13. Birthplace: N.Y. State

MOTHER
14. Maiden name: Ada V Bushby
15. Birthplace: Va

16. Informant: William L Ferrett Sr

Address: 3929-29th St Mt Rainer Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: June 10th 1940 (month) (day) (year)

Cemetery or crematory: Washing D.C.

Location:

18. Funeral director: Harry L Slye

Address: 1009 H St N.W. Washington D.C.

19. June 10, 1940 (Date rec'd by registrar) M I Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10th 1940, at 11 13 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1939, to June 10 1940, and that I last saw her alive on June 9 1940.

Immediate cause of death: Carcinoma of Stomach — DURATION: 1 yr.

Diabetes Mellitus — 6 yrs.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Emma R. Creveling M.D. (M. D. or other)

Address: 1339 - Monroe N.E. Date signed: 6/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

06723

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The corrected age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince George

City or town: Oxon Hill, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Oxon Hill, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James Merrin Thompson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Isabelle Owens Thompson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 5th 1866

8. AGE: Years	Months	Days	If less than one day
73	9	4	hrs. min.

9. Birthplace: Oxon Hill, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: John Thompson

13. Birthplace: unknown

MOTHER 14. Maiden name: Elizabeth Burton

15. Birthplace: Md.

16. Informant: Mrs. Perkins

Address: Oxon Hill, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12-40 (month) (day) (year)

Cemetery or crematory: St. Barnabas

Location: Oxon Hill Md

18. Funeral director: Thomas F. Murray

Address: 2007 - Nichols Ave S.E.

19. 6/10/40 (Date rec'd by registrar) 19 Harvey E. Tyler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9th 1940, at 11:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to June 9 1940, and that I last saw him alive on June 8 1940.

Immediate cause of death	DURATION
Uraemia	
Due to Cardio vascular renal disease	
Due to Rheumatoid arthritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James J. Boyd M.D. or other

Address: Forestville Md Date signed 6-10-40

RECEIVED
JUL 8 1940
BUREAU V. S.

06724

STATE OF MARYLAND—CERTIFICATE OF DEATH

Security No. 578-05-0740

1. PLACE OF DEATH

County Prince Georges WITHIN CORPORATE LIMITS BY (93-d) Registration Dist. No. 246

Village or City Mt. Rainier Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Mervin Leonard Ward. If U. S. Veteran, specify WAR no

(a) Residence: No. 3706 Bunker Hill Rd. St., Ward. —

(Usual place of abode) Mt Rainier Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Helena Ward.

6. DATE OF BIRTH (month, day, and year) August 12, 1875

7. AGE Years 64 Months 10 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Steam Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) About May 15, 1940

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Montgomery County Md. U.S.A

FATHER

13. NAME Mr. Thomas Wilson Ward.

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md. U.S.A.

MOTHER

15. MAIDEN NAME Jane Rebecca Trammell

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md. U.S.A.

17. INFORMANT (Address) Brothers - John C. Ward Thomas V. Ward. Washington D.C.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Washington D.C. Date Jan 29, 1940

19. UNDERTAKER (Address) The S H Hines Co. 2901-14 N.W. Wash. D.C.

20. FILED Jan 29, 1940 Harry Lally Mr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 29th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1940, to June 29, 1940

I last saw him alive on June 29, 1940; death is said to have occurred on the date stated above, at 2:12 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute myocardial decompensation	6/24/40

Other Contributory Causes of Importance: Arteriosclerotic Heart Disease (years)

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice D. Rosenberger M. D.

(Address) Mt. Rainier Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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JUL 6 1940
BUREAU V. S.

Example I The principal cause of death and related causes of importance were as follows:	Date of onset	Example II The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06725

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs - 5 mo - 27 d

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 2 yrs - 5 mo - 27 d

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 636 - F. St - N. E.
(If rural, give LOCATION)

2.(a) If veteran, name war: NO ✓

3. (a) FULL NAME: Elmo Wetzel

3. (b) Social Security Number: None

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Separated

6.(b) Name of husband or wife: Rose Anna Wetzel

6.(c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): Nov 14, 1884

8. AGE: Years 55 | Months 6 | Days 20 | If less than one day ..... hrs. ..... min.

9. Birthplace: Washington D. C.
(Town, county, and state)

10. Usual occupation: Hotel Stewart

11. Industry or business: Hotel

FATHER
12. Name: John Wetzel
13. Birthplace: Washington D. C.

MOTHER
14. Maiden name: Ida Fletcher
15. Birthplace: Washington D. C.

16. Informant: Deceased -

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 6/4/40 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: W. W. Chambers

Address: 517 - 11th st. S.E. Washington, D.C.

19. June 4th 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1940, at 10:25 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 7 1937, to June 4 1940 and that I last saw him alive on June 4 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 10 yrs

Due to

Due to

Other conditions: Syphilis — undetermined

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: Pulmonary Tuberculosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Leo V. Schneider M.D. Act Supt. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-15

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-E)

CERTIFICATE OF DEATH

06726

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Geo. Co.

City or town Hyattsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or Institution: 20 Marion St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) about 70 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince Geo. Co.

City or town Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 20 Marion St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Richard Gatlin Whiting

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Jessie E. Whiting

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 3, 1848

8. AGE: Years 92 yrs | Months 1 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Louisville Ky.

(Town, county, and state)

10. Usual occupation Retired Gov Clerk

11. Industry or business

FATHER 12. Name Daniel P. Whiting

13. Birthplace New York

MOTHER 14. Maiden name Indiana Sandford

15. Birthplace Ky.

16. Informant Mrs Frances Lee (daughter)

Address 20 Marion St Hyattsville Md

17. Burial (Burial, cremation, or removal—Which?) Date thereof June 14, 1940 (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Washington D. C.

18. Funeral director L. Gaddis Sons

Address Hyattsville Md.

19. June 14 1940 Mrs. Jas. Severe (Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1938, to June 12 1940, and that I last saw h— alive on June 10 1940.

Immediate cause of death	DURATION
Adenocarcinoma of Cervical Glands	15 mo.
Due to	
Due to	
Other conditions Myocardial insufficiency with Myocardial degeneration	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE C. Deitz M.D. M. D. or other

Address Hyattsville Md Date signed 6-12-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 1 1940
BUREAU V. S.
BUREAU V. S.
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170c)

CERTIFICATE OF DEATH

06727

Reg. Dist. No. 252

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Prince George

City or town Upper Marlboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Cram Highway

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 37

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Upper Marlboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian Wilkes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	M.

B (b) Name of husband or wife Henry Wilkes

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) June 1903

8. AGE: Years 37 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Andrew Johnson

13. Birthplace Md

MOTHER 14. Maiden name Mary Jane Hawkins

15. Birthplace Md.

18. Informant Mable Saunders

Address Washington D.C.

17. Burial (Burial, cremation, or removal: Which?) Date thereof June 19-40 (month) (day) (year)

Cemetery or crematory St. Luke's

Location Meadows, Md.

18. Funeral director Ritchie Brothers

Address Upper Marlboro, Md.

19. June 19 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Hemorrhage and Shock	
Due to Crushed Abdomen	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6-16-40

Where did injury occur? Upper Marlboro Pr. Geo. Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State Road

Means of injury Hit and run Injured at work? No

23. SIGNATURE James T. Boyd M. D. or other

Address Forestville Md Date signed 6-17-40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243 — 06728

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mos. 1 da

Stay in this community (yrs., or mos., or days): 3 mos. 1 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: District of Columbia — County: Columbia

City or town: Washington — Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1210 - 4th St. S.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: William Young

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

8 (b) Name of husband or wife: —

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 8, 1936

8. AGE:

Years	Months	Days	If less than one day
3	9	16	____ hrs. ____ min.

9. Birthplace: Clarksdale, Va. (Town, county, and state)

10. Usual occupation: none

11. Industry or business: —

FATHER — 12. Name: L. B. Young

FATHER — 13. Birthplace: Clermont S.C

MOTHER — 14. Maiden name: Inez Wilkerson

MOTHER — 15. Birthplace: Buffalo Junction, Va.

16. Informant: Father

Address: 1210 - 4th St. S.W., Wash., D.C.

17. Burial (Burial, cremation, or removal. Which?) — Date thereof: 6-27-40 (month) (day) (year)

Cemetery or crematory: Rosemont Cemetery

Location: Washington, D.C.

18. Funeral director: Geo. W. Lewis & Co

Address: 2032 8th Street N.W.

19. June 24 (Date rec'd by registrar) 19 40 — Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24 19 40, at 8:55 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 23 19 40, to June 24 19 40, and that I last saw him alive on June 24 19 40.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	about 5 mo.
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D. (M. D. or other)

Address: Glenn Dale Sanatorium — Date signed: 6/24/40

Glenn Dale, Md.

RECEIVED
JUL 2 1940
BUREAU V. S.